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No.	
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PLACE OF DEATH	06905 STATE OF MARYLAND
County Cecif	S CERTIFICATE OF DEATH
2-10-0	Registration Dist. No. 9/
Village or City / Wille (No	St: Ward) (If death occurred in a hospit I or institu-
2FULL NAME Misearri	tion, give its NAME i- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE.	16 DATE OF DEATH
Male while WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
plane 1, 1931	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE	and that death occurred on the date stated above, atm.
Ors. O mos. de. or O min.?	The CAUSE OF DEATH * was as follows:
ROCCUPATION	Still Orth
(a) Trade, profession or particular kind of work	1111. mas muscan as
(b) General nature of industry	4/2 mos. mis cample
business, or establishment in which employed or (employer)	(Duration)ytsmesds.
9 BIRTHPLACE (State or country) Cecil 6. hy	Contributory Secondary
FATHER Howhen W. adams	(Signed) Melbert Bales M. D.
M 11 BIRTHPLACE	9 1 9 1921 (Address) Alticor
Z (State or country)	*State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Euma 7. Dans	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	of death yrs mos. ds. State yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Hoopen W. adams	Former or usual residence
(Address) Ches. Cily " and RD.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 6/17, 13/
Filed June 19 1981 B. Haward Brown Registrar	Parents - laboress ches. City. Rth
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman. (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (redefinite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, or given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home, Care should be taken household only (not paid Housekeepers who receive a laborer, whatever, write None. Housemaid, et :. Foreman, For many occupations a single word or term on or Farm laborer, Laborer-Coal mine, etc. Womyrs). At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. If the occupation has been changed Architect, can be known. The ques-Locomotive engineer, not gainfully em-The material Grocery;

spinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fover never report "Typhoid Pneumonia"); ed term for the same diserse. Examples: Corcbrospinal EasE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIStime and causation), using always the same accept-(the only definite synonym is "Epidemic cerebro" pneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) atic), (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condideath), 29 ds.; Bronchojmeumonia (secondary), interstitial nephritis, cough; " "Marasmus," "Old Age," "Shock," or intercurrent) affection as the cause. Always qualify all Chronic valvular heart discase; etc. The contributory need not be

ared in deta.

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Ared is essential

permanently filed. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions ered in detail, it will prevent further correspondence.

1931

S No. 1 >

	PLACE OF DEATH	16936 STATE OF MARYLAND
	County Cleil	CERTIFICATE OF DEATH/
	/ Committee of the comm	Registration Dist. No.
	Village or City Elkton Md. (No. Justin 2 FULL NAME alson, Benjam	usou HospitalSt: Y Ward) (If death becurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Married, Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH Jule 24, 1931 (Month) (Day) (Year)
	B DATE OF BIRTH	17 I HEREBY CERTIFY, That I altended the deceased from
	(Month) (Day) (Year)	that I last saw h sm. alive on June 2. 4, 1923.4
	7 AGE 14 yrs. 5 mos. 2 ds. or min.?	and that death occurred on the date stated above, at
	occupation (a) Trade, profession or tay Laborer particular kind of work	Sulmmay () l'dema
	(b) General nature of industry further business, or establishment in which employed or (employer)	(Stration) yrs. mos. da.
-	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) Te mos des.
	10 NAME OF FATHER LOUISE, Benjamin	Signed) Address Bowland will Mi
	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER franciskrider	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ti not at place of dea h?
	(Address) Loth Port Med.	Dataen Cem Center pull 29,31
)	15 Filed 924 1931 L. F. Jaudens Registras	Lo a. Callerson Cerrfally
	If more b.anks are needed, addre.s Ltate Registra	, 18 W. Saratoga St., Balto., Requesting V. S. i.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* er," etc., should be used only when needed. As examples: (a) to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Never return "Laborer," "Tor man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, the first line will be sufficient, e g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocworked on may form part of the second statement. Forcman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, without more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many (b) Automobile factory. The material not gainfully em-Grocery;

Strtement of Cause of Death—Name, first, the DESEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); s inal meningitis"); Diphtheria (avoid Pneumonia"); Tylhoid fever (never report "Typhoid Pneumonia,");

approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Com2," "Convulsions," (secondar/ or intercurrent) affection need not be st.ted unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway train 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis. American Mcdical Association.) telanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock," Chronic and consequences (e.g., sepsis, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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TION is very important. See instructions on back of certificate.

of OCCUPA-

	MARY	LAND-	CERTIFICATE OF DEATH 069	25
1. PLACE OF DEATH			(23)	
County Cec 11			Registration Dist. No. 96	
/ Village or City U.S. Veterans	Hospi	tal, Perry	Polant Mde St., f death occurred in a horpital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where deeth	occurred	7yrs,3mos	s. 2 ds. How long in U.S. if of foreign birth?	sds.
2. FULL NAME BOWNESS			XC-267 982	
			2	
(a) Residence: No. 5505 We s	(Usual place o	f abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. male white	single, mark or divorced Single	(write the word)	21. DATE OF DEATH June 1 (Month) (Day)	, 193 1 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sing	le		22. I HEREBY CERTIFY. That I ettended of June . 12 , 19 27 , to June 1	
6. DATE OF BIRTH (month, day, and year) Ma.	rch 7,	1893	Hast saw him_alive on June_119_31	; deeth is sald
7. AGE Years Months	Deys	If LESS than	to have occurred on the date stated above, at _4:05A_m	
38 2	24	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			Tuberculosis, Pudmonary, chronic, advanced, active	
SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (ment) and year)	spen	me (years) ** t in this pation **		
12. BIRTHPLACE (city or town) Bal tim (State or country)	ore, Ma		Dther Contributory Causes of importance: Dementia Praecox, Hebephrenic Type, pronounced.	
13. NAME Paul Bowness 14. BIRTHPLACE (city or town) Maryla		/ //		
14. BIRTHPLACE (city or town) Marylal (State or country)	na.		Name of operation North Date of	
		•,	What test confirmed diagnosis?	
15. MAIDEN NAME Ida Wattis, 16. BIRTHPLACE (city or town) Maryle (State or country)	and.		23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	19
17. INFORMANT Hospital Reco (Address) Perry Po			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	i) ICE.
18. BURIAL, CREMATION, OR REMOVAL Place Salte Md.	7/	re 7 , 193/	Neture of injury	
19. UNDERTAKER R. MADISON Mitch (Address)	n Mi	chell	24. Wes disease or injury in eny way related to occupation of deceased?	No

nouros Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of eptlepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	•			
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	1915 1921 July 5,1927 May 1,1923	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of eptlepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

4.

16 DATE OF DEATH

(Year)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

		/
St.:	Ward)	(If death occurred in a hospital or institu-
. ,		tion, give its NAME In-
1/		stead of street and

MEDICAL CERTIFICATE OF DEATH

	*************	Jus	J	0,	193.
***************		(Month)	(Day)	(Year)
17	I HEREBY CE	RTIFY, That	Latten	ded the de	ceased from
Me	i HEREBY CE	192/ . to	Jus	res gr	,, 198/
that I	last saw hella	live on	Dana	118	, 1934
and the	at death occurred	on the date	stated at	ove, at .	r
The CA	USE OF DEATH	was as follo	WS:		

*************	0-100 000000 000000000 +45-40-40-00000	
	(Duration)	yrsmosd
Contributory	(Duration)	les

Secondary

(Sign

			(Durstion)	yrs	mos	
• >	V	7,	ma	an	and		M.
red)				1/12		111	40, 111
1000	0/1910	3/ (A)	deann	Vier	rite	nece	21

desths from Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of deathyrs	mosds.	In the State	yrs	mosd
Where was disease of if not at place of d	ontracted,	***************************************		******************

usual residence.

19	PLACE	OF	BURIAL OR REMOVAL
6	11	1	V-11/01/11

P	ATE	OF	BUI	RIA	\L
<			11		-
u	w	_/	0	1.9	0
			9	- 4	

ADDRESS

20 UNDERTAKER

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on as fracture of skull, and consequences (e. g., sepsis (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) telantus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, enencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

1931

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDING PERMAN IS A FOR TH UNFADING INK--THIS MARGIN RESERVED WRITE PL V. S. No. 1 N/B.

PLACE-OF DEATH	STATE OF MARYLAND
County Cell	CERTIFICATE OF DEATH
Village or City thudely (No.	Registration Dist. No. 96
2FULL NAME Atlan C.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCEON (Write the warm)	16 DATE OF DEATH (Month) - 3 , 1931 (Year)
6 DATE OF BIRTH MAY 22 1857	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE [If LESS than	and that death occurred on the date stated above, at 7 A M.w.
74 yrsmos. / Z ds. ormin.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Chronic Endocardete.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Vyre. mos. de.
BIRTHPLACE (State or country)	Contributory Secondary Doration) yrs
10 NAME OF PATHER Navid Burley	(Signed) Of Service M. D. Of 3 193/ (Address) Port Relaying
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Jacable Cullough	E LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs ds. In the State yrs mos ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Jarahy Mc Cray	19 PLACE OF BURIAL OR DEMOVAL DATE OF BURIAL
(Address) Stylleadle Mill	frester rural con June 6, 1931
Filed 1993/ K Tauler: Registrar	20 UNGERTAKER atteres Conformers

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process. Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firoman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. household only (not paid Housekeepers who receive a Foreman, For many occupations a especially in industrial employments, it is neces-(b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");— Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "('Inanition,') "('Marasmus,') "Old Age,') "Shock,"
> "('Uraemia,') "(Weakness,') etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping American Medical Association.) Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z.

V. S. No. 1

N.B.

PLACE OF DEATH	06931 STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
1 2 4 2: 14 ARDI	Registration Dist, No. 76
Village or City of he Case Mino.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of stract and number.)
2FULL NAME COLOR	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.) WIDOWED. OR DIVORCED. Write the work will	16 DATE OF DEATH June 2 nd , 1931
6 DATE OF BIRTH 1873, 1873	I HEREBY CERTIFY, That I attended the deceased from 25 1921. to June 2 1981,
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at HR m. The CAUSE OF DEATH * was as follows:
B DCCUPATION (a) Trade, profession or	Carcinoma of Intestives
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) B BIRTHPLACE	(Durstion) 5 yrs. mos. ds.
(State or country) 10 NAME/OF FATHER 11 BIRTHPLACE OF/FATHER (State or country) (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER WILL Faster	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrsds. Where was disease contracted, if not at place of death?
(Informant) 3 Same Cappibell	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20
15 Filed 3/ 192/ X J Janders Registrate	20 UNDERTAKER ADDRESS ADDRESS SILLE
If mora blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requasting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a ," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely leganus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. inges, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature can be ascertained as the cause. Always qualify ali "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) (Recommendations on statement of cause of death State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease Example: Measles (disease etc. The contributory

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SETULL NAME PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 15 DATE OF DEATH 17 I ADEREST CERTIFY, That I priended the decease will be word to be a set of the particular kind of work and that death occurred on the date stated above, at I that I lank have a particular kind of work and the word to be a set of the particular kind of work and the word to be a set of the particular kind of work and the particular kind o	Y, PHYSI-	PLACE OF DEATH County. County.	O6932 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 184 95
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SINGER SONG PARTICULARS SEX 4 COLOR OR RACE SONG DIVORCET (Write the word) 6 DATE OF BIRTH 16 DATE OF DEATH 17 IABREEY CERTIFY, That I strended the decease of the control of the date stated above, at Interest of industry 18 COCUPATION 19 COCUPATION 19 COCUPATION 2 COCUPATION 2 COCUPATION 3 SEX 4 COLOR OR RACE SINGER (Write the word) 7 AGE If LESS than Iday has olive on and that doath occurred on the date stated above, at Interest of industry 10 Date of the country of the coun	(i)	2. N.	a nospital or institu- tion, give its NAME in-
20 UNDERTAKER	RITE PLANTY WITH UNFADING INK-THIS IS A PERMANTER IN THE PLANT WITH UNFADING INK-THIS IS A PERMANT Stem of information should be carefully supplied. ACE chould be stated as should existe CAUSE CF DEATH in plain terms so that it may be preparament of OCCUPATION is very important. See instructions on back of certifications.	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCES (Write the word) 6 DATE OF BIRTH 7 AGE (Month) (Day) (Year) (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Year) (Address) Addition (Address) Addition Single, MARRIED, WIDOWED, OR DIVORCES (Write the word) (Address) Addition (Address) Addition (Nonth) (Day) (Year) (Year) (Factor or min.? (Address) Addition (Address) Addition (Address) Addition (Address) Addition (Address) Addition (Address) Addition (Address)	(Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Year) (Interest Certify, That I attended the deceased from the date stated above, at the state of
Filed 193 ()		Registral	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feyer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SERVAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	16934
County Cecil	Registration Dist. No. 96
2. FULL NAME DEES, William W. XC-None (a) Residence: No. 141 Duval Street, Concord,	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH
male white OR DIVORCED (write the word)	21. DATE OF DEATH June 12 , 193 1 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single	22. I HÉREBY CERTIFY, That I attended deceased from January 30 ,1931 ,to June 12. ,1931
6. DATE OF BIRTH (month, day, and year) April 9, 1894	I last saw h. im alive on June 12 19.31 death is said
7. AGE Years Months Days If LESS than 1 day. hrs. ormin.	to have occurred on the date stated above, ell: 55Pam. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. Cotton Mill Worker 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	General Paralysis of the Insane, with exhaustion delirium. 1927
this occupation (month end year) Spant in this occupation Unknown 12. BIRTHPLACE (city or town) North Carolina (State or country)	n Diher Contributory Causes of importence: Pyelo-nephritis Unknown.
13. NAME John L. Dees 14. BIRTHPLACE (city or town) Unknown (State or country)	Name of operation No ne Date of What tost confirmed diagnosis? Was there on autopsy? Yes
15. MAIDEN NAME Addie Easley 16. BIRTHPLACE (city or town) Unknown (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Hospital Records (Address) Perry Point, Md.	NO
Place Concord, N.C. Date June 13, 19 31	Nature of injury
19. UNDERTAKER R. Madison Mitchell (Address) Havre ad Grace, Md. 20. FILED. 6/3/3/, 18 Clearles W. Moureson Leg Registrar. If more blanks are needed, address State Registrar,	24. Was disease or injury in any way related to occupation of deceesed? If so, specify (Signed). A. ELLISON, Acting Med. Off. In Ch. (Address). Perry Point, Id. 24.12 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years, or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation cam be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

- Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B. No.

PLACE OF DEATH	1 06935 STATE OF MARYLAND
County UM	CERTIFICATE OF DEATH
	Registration Dist. No. 94
Village or City North Cash (No	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Strate Widowed Write the word)	
6 DATE OF BIRTH (Month) (Day) (Year)	that Inst saw it alive on 193
77 yrs. 5 mos. 22 ds. If LESS than day hrs. or min.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	arlew Belevising.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 15 yrs mos ds.
9 BIRTHPLACE (State or country) Manualand	Contributory Secondary (Deration)
10 NAME OF FATHER Sawly Sulbert	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Worth	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maulaud	At place In the of death
(Informant) Ella Libert	if not at place of dea.h?
(Address) nouth Cast, M	North Cash M. Country June 7, 19 3
Filed 6-5-3/ 192 Kis W. Queens Registral	Joseph R Shawt north East Ma
If more banks are needed, addre.s Ltate Kegistrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (re-Spinner, (b) Cotton mill; (a) Solesman. (b) should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed ployed, as At school, or At home. Carc should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Luborer-Coul mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on without more precise specification as Day of Occupation-Precise statement of oc-(a) the kind of work and also (b) the Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." carpolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion." "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Recommendations on statement of cause of death (secondary American Medical Association.) "Atrophy." "Collapse, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronie valvular heart disease; ""(Coma," "Convulsions, etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ZF	N. B.—WRITE PLAINLY, WINH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated EXCAUSE OF DEATH in plain terms, so that it may be properly of the property of the states.	WING MINSON MINSON	WINH UNFADING INK—THIS IS A PER fully supplied. AGE should be stated E) a plain terms, so that it may be properly or	ING I AGE	NK—T should it may	HIIS be	IS A stated proper	PEI E
1	TION is very important. See instructions on back of certificate.	nt. See	e instruct	Lions (n back	jo :	certifica	ite.
)	The state of the s	-	The state of the state of	2000	2000			

V. S. No. 1

	Registration Dist. No. St., Wai
Village or City Perry Point, Mary land.	No. St. Wa
(If	
towards of another trade of the same trade of th	death occurred in a hospital or institution, give its NAME instead of street and number) 13 ds. How long in U.S. if of foreign birth?
	. LO as. How long in U.S. If or foreign birth?yrs mos
FULL NAME Henry Gozdzicki	G
(a) Residence: No. S.E. Cor. 2nd & Harrison Sts (Usual place of abode) Wilm	ing ton, Del. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH June (Month) 27 (1931 (Yeer)
USBAND of Mrs. Pearl Gozdzicki	22. I HEREBY CERTIFY, That I ettended deceased from March 14 , 19 31, to June 27 , 19 3
E OF BIRTH (month, day, and year) Unknown	Hast saw h_im elive on June 27, 19.31 ; death is sa
Years Months Days If LESS than 1 day,hrs. ormain.	to have occurred on the date stated above, at 11:35. P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Unknown	Lobar Pne umonia
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Unknown	
Date deceased last worked at this occupation (month and spent in this year) Unknown 11. Total time (years) spent in this occupation	
(State or country) Wilmington, Del.	Other Contributory Canses of Importance: General Paralysis of the Insane
NAME Henry Gozdzicki	
BIRTHPLACE (city or town) Unknown (State or country)	Name of operation Date of Date
MAIDEN NAME Unknown	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
BIRTHPLACE (city or town) Unknown (State or country)	Accident, suicide, or homicide? Date of injury, 19
ORMANT Hospital records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
RIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wilmington, Del. Date June 29 1931.	Nature of injury
DERTAKER T. Madison Milchell (Address) Havro de Grage M.S.	24. Was disease or injury in any way releted to occupation of deceesed? NO
ED 6/27, 1931 L.F. Jaudess Registrar.	(Signed) W. A. ELLISON, Acting Medical M. (Address) Officer in Charge.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or basiness in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follo	ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUF 3 1831	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
		* .		
Other contributory eauses	of importance:		Other contributory eauses of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	& Zevi	
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FOR BINDING

MARGIN RESERVED

06937

1. PLACE OF DEATH				92-00	
County Cecil				Registration Dist. No.	96
Village or City U.S. Length of residence in city of			(1f	y Proint Md. St. death scurred in a hospital or institution, give its NAME instead of street and	number)
2. FULL NAME	TRAY. He	amey XC-	11 5 540		
(a) Residence: No. 42				., Side Ward. If nonresident give city or town and	d State
PERSONAL AND				MEDICAL CERTIFICATE OF DEATH	
mal 0 wh:		5. SINGLE, MARR OR DIVORCED MALT	(write the word)	21. DATE OF DEATH June 29 (Month) (Day)	, 193 1 • (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	farcella	a Gray		22. I HEREBY CERTIFY, That I attended June 24 19 31 tJune 29	
5. DATE OF BIRTH (month, day, ar 7. AGE Years	Months	March 29,	If LESS than I day,hrs.	to have occurred on tha dete stated above, et 10; 35 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or partic kind of work done, as SAWYER, BOOKKEEPER 9. Industry or business in where work was done, as SILL SAW MILL, BANK, etc 10. Date deceased last worked this occupation (month year)	SPINNER, R, etc nich K MILL, at end	Nurse 11. Total tin spant occup	no (years) tin this setion (no vn	Myofarditis, acute Other Contributory Causes of importance:	Date of onset 6-29-31
12. BIRTHPLACE (city or town) (Stata or country)	Richi	mond, Va.	• • • • • • • • • • • • • • • • • • • •	1. Endocarditis, chronic 2. Dementia Praecox, Catatonic	?
13. NAME	Jnkn own			Type	6-16-31
14. BIRTHPLACE (city or town) (State or country)	Unkn	awo		Name of operation Date of Was there an	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stets or country)	Virgin			23. If death was due to external ceuses (VIOLENCE) fill in also the followin Accident, suicida, or homicide? Deta of Injury Where did injury occur?	g: , 19
	erry Po	ds, int, Md.		(Specify city or town, county and Ste Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PI	ACE.
18. BURIAL, CREMATION, OR REM Pieca Baltimor	e, Md.	Date June	30 ,19 31	Menner of injury	
19. UNDERTAKER And dist	droon Te Mitch	Partch Grace, Md	ell	24. Wes diseasa or injury in eny way related to occupation of deceased?	
20. FILED 6/24/31, 19	Charle	ew. mo	KlpRegistrar.	(Signed) A. EILISON, Act. Med. Off, (Address) Deproy Point Md.	In Ch. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	250	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

cample I		Example II		
th and related causes ws:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset	
JUL_3 1931	1915	Attack of epilepsy	1 week ago	
	1921	Run over by street car	1 week ago	
RUMEAU V.	July 5,1927	Peritonitis	3 days ago	
			,	
of importance:		Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
	th and related causes ws:	th and related causes Date of onset ws: 1915 1921 BURLAU July 5,1927 of importance:	th and related causes of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1PLACE OF DEATH	06939
	STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Coculon (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH LUIS 75, 197/
6 DATE OF BIRTH	(Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw her slive on fune 75, 197/,
7 AGE 2 6 yrs. 2 mos. 2 ds. or min.	. The CANSE OF DEATH, * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work b) General nature of industry basiness, or establishment in which employed or (employer)	injuries caused by being struck by a automobile. Question) vis. mos. ds.
9 BIRTHPLACE (State or country) Mary Land	Contributory Accidental Secondary (Duration) yrs mos ds
10 NAME OF FATHER Richard Barber	(Signed) J. Making Frager, Corone
OF FATHER (State or country) Maryland (12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Soplica shepperd	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Maryland.	At place of deathyrs,mos,ds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) Chestertoyn, Med.	Obstertown, Md June 27, 1931
Filed Kull 26 1923/ Registrar	Chas. D. Dodd Chesterloin
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servard, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Catton mill; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compasitor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the etc., Foreman, For many occupations a single word or term on Farm labarer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) Salesman. (6) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tclanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculasis of lungs, mencarbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Whooping cough; Recommendations on statement of cause of Never report mere symptoms or terminal condi-Chronic valvular etc. The contributory Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

S. No.

PLACE OF DEATH

County Class	(3) CERTIFICATE OF DEATH_
CAL A	Registration Dist. No.
Village or City (No	St.: Ward) (If death occurre
2 FULL NAME Hot name	tion, give its NAM stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Aemal White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Care 9, 1931
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased f
(Month) (Day) (Year) (7 AGE If LESS than	that I last saw h alive on
O yrs. O mos. O ds. or O min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry	(D. e.)
which employed or (employer)	Contributory Premature birth a
State or country)	Secondary Secondary Ourstion) yrs
10 NAME OF FATHER Collan Kline	(Signed) A. Morrison N
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, Ia deaths from Violent Causes, state (1) Means of Injury and (2) Whethe Accidental, Suicidal or Homicidal.
of MOTHER Source Shaffer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Merryland	At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) allan Kline	Former or usual residence
(Address) Elpton, Mel	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL P. 19x
15 Filedens 9. 1928 / Fraces Boyes Register	20 UNDERTAKER ADDRESS
Registrar	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

06940 STATE OF MARYLAND

OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASI CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as Whooping as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. valvular heart The contributory Always qualify all Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

	06941
PLACE OF DEATH	STATE OF MARYLAND
County Cecil	93-C CERTIFICATE OF DEATH
FONT	Registration Dist. No.
Village or City Www (No.	St.: Ward) (If death occurred in
2 FULL NAME Victor Kopp	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
no information, 1852	Jul 3 7 192 1. to June 4 7 , 192 1.
(Nonth) (Day) (Year)	that I last saw h walive on Much bi , 192/
7 AGE	and that death occurred on the date stated above, atn.
7 Syrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B DCCUPATION (a) Trade, profession or Day Luboren particular kind of work	Coronay Occusion
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs, mos ds.
BIRTHPLACE (State or country)	Contributory Secondary
1 10 NAME OF	(Daration) (mosds.
FATHER no information	(Signed) M. D.
IN II BIRTHPLACE	192 (Address) The state of the
Z (State or country) To information	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER no cuformation	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER	At place In the
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs Frank Bryson	usual residence
Elkhow Zuf RA	19 PLACE OF BURIAL OR REMOVAL
(Address)	Election Centelery June 8, 1931
Filed kine 8- 19231 francis frances	H. W. Pippin Elkton Md
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

yourse s

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Enysteum, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal minc, etc. Womknow without more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salcsman. not gainfully em-(b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) affection need Chronic interstitial nephritis, approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; as the cause. Chronic valvular etc. The Nomendature Always qualify all heart disease; contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

of OCCUPA-

1. PLACE O	F DEATH					
/ County	Cecil			Registration Dist. No.		
Village or	City Perry Po	int, Mary	land.	No. St., Ward		
Length of re-	sidence in city or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and number) 16 ds. How long in U.S. if of foreign birth? yrs. mos, ds		
		n E. Mays				
2. FULL NA			201 02 (Guarda and State		
(a) Reside	nce: No. 140 Ch	Usual place	of abode)	er Station, Wa Bittsburgh, Pa. If nonresident give city or town and State		
PERSO	NAL AND STATIS	TICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH		
s. sex	4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED, D (write the word) Tried	21. DATE OF DEATH June 23 , 1931		
		Mic	11 16 4	Juna (Month) 23 (Day) (Year)		
a. If merried, of HUSBAND of		ome 4 32 35	2 1 1 1 1	22. I HEREBY CERTIFY. Thet I ettended deceased from		
ON THE PROPERTY.	Mrs. Marg	aret M. M	a, ys	July 7		
DATE OF BIRTH	(month, day, end year)	March 7.	1898	I last saw h_im elive on June 23, 19.31 ; death is sai		
	ars Months	Deys	If LESS than	to heve occurred on the date stated above, et. 10 \$15. A.M.		
	33 3	17	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:		
8. Trede, profe	ession, or perticular work done, es SPINNER,			Psychosis epileptic deterioration 192		
SAWYER	R, BOOKKEEPER, etc.	Salesm	an	(status epilepticus)		
9. Industry or work we	business in which es done, as SILK MILL, LL, BANK, etc	Real Es	tate			
10. Date decee	sed last worked at	11. Total t	ime (yeers)			
this occur	upetion (month and		nt in this upation			
a DIRTURI ACC	3/-	ra Do		Other Contributory Causes of importance:		
2. BIRTHPLACE (c (Stete or cou	intry)	ys, Pa.				
13. NAME	Unknown			,		
	E (city or town)	kneum	,	Neme of operation		
(State o	c country)	MIL		Whet test confirmed diegnosis? Was there en eutopsy? Ye		
15. MAIOEN NA	AME Unknown		BRADE	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:		
15. MAIOEN NA	E (city or town) Unk			Accident, suicide, or homicide?		
(State o	r country)		*	Where did injury occur?		
7. INFORMANT (Address)	Hospital r	ecords		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
	TION, OR REMOVAL			Manner of injury		
Piece Irvona, Pa. Date June 25 19 31				Neture of injury		
	A. Madreos			24. Was disease or injury in any way related to occupation of deceased?		
19. UNDERTAKER (Address)	R. Madison Havre de Gr		len d.	If so, specify		
20. FILED 6/2			mocresson	(Signed) W. A. ELLIS CN, Act.Med.Off. in		

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory; cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

le I	. ,	Example II		
d related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
3 1011	1915	Attack of epilepsy *	1 week ago	
	1921	Run over by street car	1 week ago	
REAU V.S	July 5,1927	Peritonitis	3 days ago	
		3 3 3 3		
nportance:		Other contributory causes of importance:		
	May 1,1923	y1,1923 Gastroenteritis		
	nd related causes.	Date of onset 1915 1921 July 5,1927 nportance:	The principal cause of death and related causes of importance were as follows: Attack of epilepsy * 1921 Run over by street car Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

PLACE OF DEATH	STATE OF MARYLAND
County Cleck	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Marth Cart (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Outhur m 0	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Otole 12, 1887 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 192 / to fine 29 / 192 /, that I last saw h malive on file 18 / 192 /,
7 AGE 43 yrs. 8 mos. 9 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
BOCCUPATION (a) Trade, profession or particular kind of work	Juliumanay Th.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mosde.
9 BIRTHPLACE (State or country) Grinada, British West Indies VIO NAME OF FATHER LINKROUN	Contributory Secondary (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER The nown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, Stateyrsinosds,
(Informant) W. Hawkins	if not at place of dea.h?
(Address) Wilnington Del.	DATE OF BURIAL OR REMOVAL DATE OF BURIAL Color Cem July 1. 1931
Filed Mre d & 1988 1 The University Registrar	Doeph R. Grant North East, m
If more blanks are needed, address Ltate Registral	, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery, (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer--Coal mine, etc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, ." etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,")

tctonus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Inemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy traindiseases resulting from childbirth or miscarriage as (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Chronic ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06947
infor state UPA	1. PLACE OF DEATH	93-0
ould OCC	County Cecil 10 0	Registration Dist. No.
item of should of OCC	Village or City hear Bly thedale the	MD. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
TS is	Length of residence in city or town where death occurredyrsmos.	
Yer [A]	2. FULL NAME Joseph helson ME	Vec.
D. E SICI	(a) Residence: No. 1 R. H. D. Purrille 1	ward.
S > 20	(Usual place of abode)	If nonresident give city or town and State
PH PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NF ECO LY. PHI I. Exact	3. SEX A. COLOR OR RACE OR DIVORCED (vertice the word) Married Married	21. DATE OF DEATH Stude 22 193 / (Month) (Day) (Year)
MANEN A C T L assified.	5a. If married, widowed, or divorced HUSBAND ot	
LAN A C Issii	(or) WIFE of Glense Smelling Me Very	22. I HEREBY CERTIFY. That I attended decased fro
SX2	0.4.11 1999	last saw him abye on fline 12 1931 death is sa
IS A PE stated E properly sertificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. P
A nted open tific	/ 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
IS stal pro	43 8 Trada profession or particular	were as follows:
HIS be of	8. Trada, protession, or particular kind of work done, as SPINNER, Janutar SAWYER, BODKKEPER, atc.	aute Muscardites 6/23
ould may back	9. Industry or business in which work was done, as SILK MILL/enm Pour Hospital	C 1 C 1 A 1 blad
Should it may back	SAW MILL, BANK, etc.	Cloute Cleoholum. 184
FI AL	10. Dato deceased last worked at this occupation (month and read)	2.43
AGE that	year) Occupation	Dther Contributory Causes of importance:
DII) So so icti	12. BIRTHPLACE (city or town)	
NFADING pplied. AG erms, so the	(State or country) Colcil Res, M. C	The state of the s
- C	I	Name of operation Data of
T -= 70	[14. BIRTHPLACE (city or town) Chio	What test confirmed diagnosis Was there an autopsy?
viv ull pl	15. MAIDEN NAME Malinda herronall	23, If death was doe to external courses (VIOLENCE) fill In also the following:
INLY, WIYI be carefully EATH in pla important.	15. MAIDEN NAME Malinda Mutowell	Accident, suicide, or hyprocide? Date of injury, 19
T od loo	[16. BIRTHPLACE (city or town)	Where did injury loccur?
AINLY, d be can DEATH y import	17. INFORMANT Mrs. Begsie M. Howard	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S PLA Should OF D	(Address) R.D. Perryville Jud.	
sh sh E O E O is v	18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Prof. Prof	Place Date 0 1937	Nature of injury
Mation CAUS	19. UNDERTAKEN LEW. Cattleraon	24. Was disease or injury in any way related to occupation of deceased?
11)	(Addyess) Corryvelle, Mil.	If so, specify
3	20. FILED 6/24 1931 Ls J. Janders	(Signed)M.
4	Registrar.	(Address)

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

	Example I		Example II	
of importance were a		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	JUL 3 1931	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S. 1			
Other centributory	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING LIVE Should be stated EXACTEY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTEY. Fixet statement of OCCUPA-ECORD. Every item of infor-H UNFADING INK-THIS IS A PERMANENT FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED -WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH ,	(16943)
County Cecil	Registration Dist. No. 95
Village or City Near Conowings Station	No. St. Ward
(H	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Melburn	(A)
(a) Residence: No. M. F. D. Conowings, Cer	cest, co, wand.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX \ 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	LI DATE OF DEATH LINE 24 102 /
maried Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Age and Age of Age	22. I HEREBY CERTIFY, That + attended deceased from
(or) WIFE OF Dorothy Boddy Milburn	, 19 , 19 , 19
6. DATE OF BIRTH (month, day, and year) June 24 1931	I tast saw h alive on , 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
26 Miknow I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Tell overboard while festing.
kind of work done, as SPINNER Operated a drul	Arouned in 16/ft of water 6/24/31
9. Industry or business in which work wes done, as SILK MILL Grundell Corp.	for the state of t
10. Date deceased last worked et 11. Total time (years)	Subject to spills of dielection 7/1/30
this occupation (month and Mar 1931 spent in this 3 year occupation	Coroner
A STATE OF COLUMN ASSESSMENT OF THE STATE OF	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country) (State or country)	1 Johney 1 det
13. NAME Surge milburn	Tigother the time to the time
E	Name of operation Dete of
(Stete or country)	What test confirmed diagnosis? Wes there en au!opsy?
15. MAIDEN NAME Mercy Milbourn	23. If death was due to external causes (VIOLENCE) fill in also the following:
T IS BIRTHEN ACC (situ ex town)	Accident, suicide, or homicide? accident. Date of injury 6,74, 1931
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? at Junks Run Culvert near
17 INFORMANT John W. Boddy	(Specify city or town, county and State) Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE
(Address) (1.7.D. Conowings, Md.	Convivingo Station - Public Place
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury . Drowning
Place Dr. Joan Date Tunk 2 1, 1931	Neture of injury
19. UNDERTAKER L. G. J. L. T. L. T.	24. Was disease or Injury In any way related to occupation of deceesed?
(Address) Resignation Inde	If so, specify
20 FILED 6-26 1931 Toxigl Worthungton	(Signed)
Registrar.	(Address)
If more blanks are needed address State Periodner	ALL N. Charles Come Palainess Program (7) C No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days aga
THE THEORET			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY P	PHYSICIAN
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BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	19 L 5	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931.	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
6		O Many protest Editor	

ADDITIONAL-SPACE FOR FUR	HER STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN.
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STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and a mary Moroau number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. WE 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED rite the word (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Month) IfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. deaths from ENT 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death (State or Country) Where was disease contracted, if not at place of death?. 14 THE ABOVE IS TRUE TO THE BEST OF Former or usual residence PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nervant, Cook Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewe household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deat worked on may form part of the second statement. cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, r," etc., Foreman, or At Home, and children, not gainfully emit For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as For persons who have no occupation (b) Automobile factory. The material (b) Grocery; enw the ROCK

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discuse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (contributory." as fracture of skull, and consequences (e.g., sepsis, darbdic acid - probably smeide. The n ture of the injury, Educatent; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perilonitis," etc.
> State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. American Medical Association.) approved by Committee on can be ascertained as the cause. Always qualify all "Uruemia, causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinomu, Sarcomo, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid "" "Weukness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature Meosles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 woek ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
-		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FUR	HER STATEMENTS BY PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

750.1924	OF MARYLAND	-CERTIFICATE OF DEATH 06949
1. PLACE OF DEATH		23)
County Cecil		Registration Dist. No. / 6
Village or City Perry Po	int, Maryland.	No. St., Ward
Length of residence in city or town where		(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? mos. ds.
	raham Rudnick	
(a) Residence: No. 95 Barre		
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White	OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Unknown		November 20 , 19 29 , to June 21 , 19
6. DATE OF BIRTH (month, day, and year)	an. 2, 1903	I last saw h in alive on June 2; 19.31; death is said
7. AGE Years Months	Days If LESS than	The second of the second secon
28 5	19 1 day,min.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Unknown	Tuberculosis, pulmonary, chronic,
SAWYER, BOOKKEEPER, etc. Unknown 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. Unknown		advanced, active
10. Data deceased lest worked at this occupation (month and yaar) Spring 1921	11. Total time (years) spent in this occupation 8	08
12 BIDTIBLACE (silver Laws)		Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Russ	A	Adenitis, chronic, tuber culous Chronic interstitial mephritis
13. NAME Unknown		Dementia Precox, he ben hrenic.
E 14 BIRTURI AGE ()		Name of operation Fore pronounced Date of
(Stata or country)	ila#	What test confirmed diagnosis? Urinelysis and as there an autopsy?
15. MAIDEN NAME Unknown		23. If death was due to external causas (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?
(State or country)	ia	Where did injury occur?
17. INFORMANT Bro ther - Mr. (Address) 456 Linden B	Max Rudnick	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1	Manner of injury
Place Brooklyn, N. Y	Date June 23 19 3	Natura of Injury
	son Mitchell	24. Was diseasa or injury in any way related to occupation of deceasad?
19. UNDERTAKER (Address) R. Madison Mitchell,		If so, specify
havre de vrace, Md.		(Signed) MARLLE COM M. O.
20. FILED 6/22, 1931 Class	Registrar.	(Address) U.S. Veterans Hos ni tal.
If more		ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of doset.	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU Y.	8		
Other contributory causes of importance:	1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.--Every Item of Information should be carefully supplied. ACE should se stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proceed classified. Exact ECORD BINDING PERMAN VITH UNFADING INK--THIS IS A RESERVED FOR MARGIN WRITE PL

PLACE OF DEATH	STATE OF MARYLAND
County Call	CERTIFICATE OF DEATH
7 1.11	Registration Dist. No.
Village or City NEW LEWELL NOW	St.: Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME Rachel S. So	hsfield stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH /8 , 193/
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Mattended the deceased from
1 30 1806	1925 to Jan 1925 (,
(Month) (Day) (Year)	that I last saw h A alive on 1923.,
7 AGE [If LESS than	and that death occurred on the date stated above, at
1 4 19 day hrs.	The CAUSE OF DEATH * was as follows:
byrs. mos. ds. or min.	O ₂
B OCCUPATION (a) Trade, profession or	Carles Jastisles
particular kind of work	***************************************
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. / ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Secondary (Dwation)
10 NAME OF	(Skned) M. D.
FATHER JOYANN 181995	Jan 18193 (Address) Galessa Md,
OF FATHER	
Z (State or country) Sello G, Mid	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER TOURSERS Persuals	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE (1) 1 1 1	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doa.h?
	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) James B. & Woo hald	Westmen in tal austribunda 1981
h selminest is mid	20 UNDERTAKER ADDRESS
Filed My 30 1931 Courtesistra	John & Coffage Bellow he
If more b.anks are needed, addre-s tate Registre	ar 16 W. Saratoga St. Belto., Requesting V. S. No. 1.

(Approved by U. S: Census and American Public Health Association.)

tired 6 . yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-	10,400 0000000	06951
	PLACE OF DEATH County Occil	STATE OF MARYLAND CERTIFICATE OF DEATH
	BO A C - SITH H. SORPORAT	Registration Dist. No. 92
	Village or City Clklow (No	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male white (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH Oleg 72, 1876 (Mgg(h) (Day) (Year)	17 1 HEREBY CERTIFY, That 1 attended the deceased from 192 f. to feel 192 f., 192 f. that I last saw h malive on feel 25 - , 192 f.
7	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry	Cloronay Ocshian
7	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory (Durstion) yrs. mos ds.
	10 NAME OF FATHER NO Suformation 11 BIRTHPLACE OF FATHER OF FATHER	(Signed) Kurb M. D. M. D
	(State or country) Delig 12 MAIDEN NAME OF MOTHER No Suformalient	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
	(Informant) Mis Janue Sardone	Former or usual residence
	(Address) Celkling Ind. R.5. Filedam 80 1923 (Francis Francis)	atholic Cemelene July 1, 1931
	Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-lired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servanl, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Collon mill; (a) Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrnage, "Shock," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cougn; chronic Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	06952 STATE OF MARYLAND
	STATE OF MARTLAND
County Cecil	CERTIFICATE OF DEATH
WITHIN GONFO	Registration Dist. No.
Village or City 6/2 lose, (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME anastasia Sh	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 7	16 DATE OF DEATH June 23
Funale white (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
Jaw 7 1894	The 1920 to flue 2 3, 192/,
(Month) (Day) (Year)	that I last saw halive on from Z', 1927,
7 AGE If LESS than	and that death occurred on the date stated above, at 6 4 . m.
3 7yrs. 6 mos. 16 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION / de. or min.?	the Title
(a) Trade, profession or	will welester throughout
particular kind of work Saute Wefe (b) General nature of industry	Body
business, or establishment in	(Duration)dsds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
1 10 NAME OF A	(Duration) yrs mos ds.
FATHER Machana Galan	(Signed) M. D.
11 BIRTHPLACE	6/74 1981 (Address) 2010 and
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAMED	Accidental, Suicidal or Homicidal.
of Mother Jaja Barace	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
a Joseph Skorepes	Former or usual residence
(Informant) Super May 1	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address & S Current, ones	Twey Vein, Del June 20, 31
15 Filed une 24 1984 Anaus Dage	20 UNDERTAKER ADDRESS BORING TO
Registra	y. U, wemany perion ora
If more branks are needed, addrese State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more preuse a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the " "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage YUFEAU V	July 5,1927	Peritonitis	3 days ago
	777		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY.	PHYSICIAN
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PLACE OF DEATH	(ID)304
County Ce and	STATE OF MARYLAND CERTIFICATE OF DEATH
So ut	Hospital Registration Dist. No. 92
Village or City Elktory Monitory 2FULL NAME Orginia	St.: Ward) (If death occurred a hospital or instition, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH June 5 , 1988
6 DATE OF BIRTH Jene 10, 192	17 I HEREBY CERTIFY, That attended the deceased fr
7 AGE (Month) (Day) (Yes	than and that death occurred on the date stated above, at hrs. The CAUSE OF DEATH * was as follows:
WILL Committee of industrial	***************************************
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Mary Law 10 NAME OF FATHER Hary Bessick 11 BIRTHPLACE OF FATHER	Contributory Secondary (Signed) (Duration) yrs. mos. (Signed) (Address) (A
Dousiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Mary Land 10 NAME OF FATHER Harry Besnick 11 BIRTHPLACE OF FATHER (State or country) Propagation of Mother Cathorne Washingh	Contributory Secondary (Duration) (Signed) (Address)
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Mary Carel 10 NAME OF FATHER Harry Bessick 11 BIRTHPLACE OF FATHER (State or country) Propagation of Mother Cathories Washingle 12 MAIDEN NAME OF MOTHER (State or Country) Propagation of Mother Cathories Washingle 13 BIRTHPLACE OF MOTHER (State or Country) Propagation of Mother (State or Country)	Contributory Secondary (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailings or Recent Residents) At place of death yrs. mos. ds.
Dusiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Mary Carel 10 NAME OF FATHER Harry Besick 11 BIRTHPLACE OF FATHER (State or country) Propagation of Mother Cathories Washington 12 MAIDEN NAME OF MOTHER Athories Washington 13 BIRTHPLACE OF MOTHER	Contributory Secondary (Duration) (Signed) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents) At place In the

nemica

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter. fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed r," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) Salcsman. (b) also (b) the Grocery,

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart etc. The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is exential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census : nd American Fublic Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons enhousehold only (not raid Housekeepers who receive a Statement of Occupation - Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed -Coal mine, etc. not gainfully em-Grocery;

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American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Hacmorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondar j or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping FOR VIOLENT DEATHS state MEANS OF INJU.Y cough; Chronicaffection need not be etc. The contributory valvular Always qualify all heart disease;

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	OF MARYLAND-	CERTIFICATE OF DEATH	9335
1. PLACE OF DEATH		(156-0)	
County Ce cil		Registration Dist. No. 7	8
Village or City Otorstan	idville ,	No. St. f death occurred in a hospital or institution, give its NAME instead of street	and number)
Length of rasidence in city or town where		ds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME Samuel	albert Webster		
(a) Residence: No.	owlandville	St., Ward.	
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	П
male berloved	OR DIVORCED (write the word)	June 2	3 , 193
5a. If marriad, widowed, or divorced	marries	(Month) (Oay)	(Ya
HUSBANO of (or) WIFE of	Hebster	22. I HEREBY CERTIFY, That I atten	
A DATE OF SIDEL		I last saw h.1 m alive on fund 78, 19.	
7. AGE Yaars Months	Days If LESS than	to have occurred on the date states above, at 8.	·; deati
61 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trada, profession, or particular	PA	0 + 0 · · · · · · · · · · · · · · · · ·	Oata
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	daborer and	Ucule Fricardillo	Y.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	oldier		
10. Data deceased last worked at this occupation (month and	11. Total time (years) spent in this		
yaar)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Slaf	fort	A + A + A · L ·	- Va
(State or country)	rd Co.	Venue vimmus	01
14. BIRTHPLACE (city or town)	sesser.		
14. BIRTHPLACE (city or town) (State or country)	And Co mit	Name of operation Oate	of
E 15. MAIOEN NAME MY	burns	Whet test confirmed diagnosis? Was there 23. If death was dua to external causes (VIOL ENCE) fill in also the follo	
16. BIRTHPLACE (city or town) (State or country)	mour	Accident, suicide, or homicida? Date of injury	
(Stata ar country)		Where did injury occur?	
17. INFORMANT Lusau &	Webster ?	(Specify city or town, county and Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE.
(Addrass) Powlas 18. BURIAL CREMATION, OR REMOVAL	dull.		
Placed On Santa On	G. Date July / 193/	Manner of Injury	
0.8 7 Mg	0	Nature of injury.	VI
19. UNOERTAKER (Address)	lun and	24. Was disease or injury in eny wey related to occupation of dacaased If so, specify	
		16 11 28 - 1 -	/
01.6=31-31-0		(Signed)	V.,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any-important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Edward V.	9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN